Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov
MEDICAID MEMO

Last Updated: 03/09/2022

Updates and Clarification of the Inpatient Prior Authorization Process for Inpatient Acute, Psych, and Rehab Care Services

The purpose of this memorandum is to provide periodic updates and clarification for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We understand that some providers still are experiencing delays, however, are seeing progress in the correct submission of Prior Authorizations by providers and in the number of PAs being processed by KePRO. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs. We ask for your patience and understanding during this transition as we continue to improve upon the current process.

Timely Filing Requirements

DMAS has extended the relaxed requirement of timely submission for PA requests through December 31, 2006. This applies for request dates beginning June 5, 2006 (at the time of the KePRO implementation). **Starting January 1, 2007 timely submission for requests will again be applied and determinations will be made based on timeliness.**

Resource Information

Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to **providerissues@kepro.org** or **PAUR06@dmas.virginia.gov**. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.

All other Medicaid provider issues not related to prior authorization should be

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addressed through the Provider Helpline. The numbers are 1-800-552-8627 or if you are located in Richmond or out-of- state call 804-786-6273.

<u>Retroactive Medicaid Eligibility Requests for Acute (Med/Surg) Inpatient Services</u>

For inpatient stays for individuals that did not have Medicaid determination at the time of admission, but subsequently received retroactive eligibility **greater than 6 months** from the admission date, these requests must be submitted to DMAS for review. You may fax your request for the hospital admission to 1-866-248-8796 or (804) 225-2603. If a request is submitted to DMAS and the eligibility has been determined within 6 months of the admission, DMAS will reject these back to the provider for submission to KePRO.

If the Medicaid eligibility has been determined within 6 months of the admission date, providers are required to submit these requests to KePRO. These "retro reviews" can also be submitted via iEXCHANGE, phone, or fax, and should include only the required clinical documentation (i.e., do not submit the entire medical record).

- For individuals that have had their Medicaid determined retroactively, the requested start of care date should be entered as the first day hands-on service was provided to the individual once Medicaid eligibility was effective.

- Requests submitted for review for retroactive Medicaid eligibility need only the Inpatient Prior Authorization Request form (DMAS-362) completed in its entirety. Please do not send the entire medical record. Please see the KePRO website http://dmas.kepro.org/ or DMAS website www.dmas.virginia.gov for current versions of forms and associated instructions.

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Verification of Valid ID Numbers

Identification numbers may be verified easily by looking at the number of digits in the ID number.

- The Case ID Number is generated once your request is entered in iEXCHANGE. This is a tracking number of the specific request submitted. **The Case ID Number is 9 digits in length.**

- All Medicaid ID numbers for individuals covered under Medicaid are 12 digits in length. Please submit a complete Medicaid ID number for all requests. Providers are encouraged to verify the individual's eligibility and enrollment prior to submitting requests to KePRO. Incomplete ID numbers cannot be processed and will be rejected back to the provider. **All valid Medicaid ID numbers are 12 digits in length.**

- Once a final determination has been made on the submitted request, a prior authorization (PA) number will be generated by the VaMMIS. **All PA numbers are 11 digits in length**. The PA number will also be posted on iEXCHANGE (and sent via fax for telephone and fax PA submissions). Providers may also check prior authorization status through Medicall (1-800-884-9730 or 1-800-772-9996) or the DMAS web-based automatic response system (ARS) at http://virginia.fhsc.com.

Additional Tips to Expedite Your Request

Your request will be expedited more efficiently if you keep in mind the following tips:

- Include all relevant clinical information in the *Severity of Illness* (SI) and *Intensity of Service* (IS) boxes, locators 21 and 22 on the Inpatient Prior Authorization Request form (DMAS- 362). Please do not state "see attached" or "meets criteria," and do not send attachments with the fax forms, except as noted in fax form instructions.

- KePRO is unable to alter any information submitted on PA requests. Providers are responsible for providing accurate and correct information on their PA requests.

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- For acute inpatient admission, only the admission requires preauthorization, therefore, the number of days authorized will be only one (1) day.

- When completing the Inpatient Prior Authorization Request form (DMAS-362), please be sure you are checking the appropriate PA Service Type in locator 18.

- The primary ICD-9 diagnosis code is required and must include all 5 digits if applicable. iEXCHANGE provides a search feature for ICD-9 and procedure codes. These codes are also available in an Excel format that may be viewed by written diagnosis, rather than ICD-9 code on the KePRO website at: http://dmas.kepro.org/default.aspx?page=faq.

- If the recipient is being admitted for a planned, elective, surgical procedure, the provider must specify the procedure to be performed as part of the *severity of illness* or *intensity of service* documentation.

iEXCHANGE Information

Registration is required and once completed, providers can expect to receive their iEXCHANGE user login and password by email within 10 business days. A step-by-step iEXCHANGE user manual, an on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO website at: http://dmas.kepro.org/default.aspx?page=iexchange.

For hospital systems that have multiple sites, when registering for iEXCHANGE, the system administrator that is designated by your facility has the authority to set up the entire hospital system access through iEXCHANGE. There is no need for each individual hospital to register for a password. It is still an option for each hospital system to set up their specific facility individually. Regardless of the way you decide to register, once KePRO issues the password, the designated system administrator sets up the individual accounts for staff. If you have questions or concerns about iEXCHANGE, please contact KePRO at (888) 827-2884, (804) 622-8900, or ProviderIssues@kepro.org

KePRO Contact Information

You may contact KePRO through the following methods:

iEXCHANGE: http://dmas.kepro.org/

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

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Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

Mail: 2810 N. Parham Road, Suite 305, Richmond, VA 23294

Other Provider Issues: ProviderIssues@kepro.org

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost

to the provider.   Providers may also access prior authorization information including status via iEXCHANGE at http://dmas.kepro.org/

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

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PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.